

MDR Tracking Number: M5-05-1667-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 02-11-05.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the **majority** of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The x-ray examination of the knee was found to be medically necessary. The office visits, massage therapy, special report and non-electric heat pad/moist was not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for x-ray examination of the knee, office visits, massage therapy, special report and non-electric heat pad/moist. The amount of reimbursement for the x-ray examination equals **\$33.71**.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees for date of service 08-12-04 totaling **\$33.71** in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order.

This Findings and Decision and Order are hereby issued this 22nd day of April 2005.

Medical Dispute Resolution Officer  
Medical Review Division

Enclosure: IRO decision

# **Envoy Medical Systems, LP**

**1726 Cricket Hollow**

**Austin, Texas 78758**

**Fax 512/491-5145**

**IRO Certificate #4599**

## **NOTICE OF INDEPENDENT REVIEW DECISION**

April 15, 2005

**Re: IRO Case # M5-05-1667 -01**, amended 4/20/05

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

### Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits

3. IME report 5/25/04
4. Note 2/18/03, Dr. Key
5. Peer review 4/3/03, Blanchett
6. Brief summary of treatment, South Coast Rehabilitation Center
7. Initial evaluation 6/5/00, Dr. Howell
8. Consultation note 8/12/04, Dr. Howell
9. Follow up notes 8/17/04 – 9/23/03 Dr. Howell
10. MRI left knee 10/2/00

### History

The patient is a 62-year-old female who initially injured her knee when she slipped and fell in \_\_\_\_\_. Her injuries included a commuted fracture of the proximal tibia and medial meniscus tear with displacement of a large medial fragment. The patient underwent a total of four surgeries between 10/10/00 and 12/18/02. The patient first saw the treating D.C. in June 2000. She then presented to him on 8/12/04 complaining of pain in the knee. The patient then began treatment with the D.C., including massage.

### Requested Service(s)

X-ray exam of knee, impairment rating, office/outpatient visits, massage therapy, special report, nonelectric heat pad/moist.

### Decision

I disagree with the carrier's decision to deny the requested x-ray examination of the knee on 8/12/04.

I agree with the decision to deny the remainder of the requested services.

### Rationale

The patient suffered a severe injury to her knee that required multiple surgeries. She then presented to her treating D.C. on 8/12/04 with acute pain in the same injured knee. An x-ray at the time would be reasonable and medically necessary to evaluate the etiology of her acute pain.

The patient presented to her treating D.C. on 8/12/04 complaining of acute left knee pain. The D.C. did not see any abnormalities in his x-ray exam of the left knee. He noted some bruising and discoloration throughout the patient's leg. The D.C. stated that the patient saw an orthopedic surgeon, but the surgeon's notes were not available. No documentation was provided of any diagnosis or explanation for her acute pain, bruising and discoloration. The submitted documents do not explain the medical necessity for the patient's treatment.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

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Daniel Y. Chin, for GP